

the minority leader will commit to working with us to solve this crisis in a fair and humane way.

And the last thing I will say is, we are all ears if somebody has a better idea, but so far we haven't seen anybody step up and say: I have got an answer or at least a partial answer or response that has bipartisan and bicameral support.

So I hope our colleagues will take a look at this, will work with us, and if they have got a better idea, as I said, we are all ears.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 171—EXPRESSING THE SENSE OF THE SENATE THAT THE INTERNATIONAL OLYMPIC COMMITTEE SHOULD CORRECT THE OLYMPIC RECORDS FOR JIM THORPE FOR HIS UNPRECEDENTED ACCOMPLISHMENTS DURING THE 1912 OLYMPIC GAMES

Mr. INHOFE (for himself and Mr. LANKFORD) submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. RES. 171

Whereas Wa-Tho-Huk or "Bright Path", known as James Francis Thorpe or "Jim Thorpe" of the Thunder Clan of the Sac and Fox Nation, was born May 22, 1887 on the Reservation of the Sac and Fox Nation in Prague, Oklahoma, and died March 28, 1953 in Lomita, California;

Whereas Jim Thorpe attended the Carlisle Indian School in Pennsylvania and established his amateur football record playing halfback, defender, punter, and place-kicker while a student and was subsequently chosen as Walter Camp's First Team All-American Half-Back in 1911 and 1912;

Whereas prior to the 1912 Olympic Games, Jim Thorpe placed second in the pentathlon at the Amateur Athletic Union National Championship Trials in Boston, Massachusetts;

Whereas Jim Thorpe represented the United States as an enrolled member of the Sac and Fox Nation, the largest of 3 federally recognized Tribes of Sauk and Meskwaki (Fox), in the 1912 Olympic Games in Stockholm, Sweden;

Whereas at the 1912 Olympic Games, he won a Gold Medal in the pentathlon, became the first athlete from the United States to win a gold medal in the decathlon, in which he set a world record, and became the only athlete in Olympic history to win both the pentathlon and the decathlon during the same year;

Whereas at the time Jim Thorpe won 2 Gold Medals in the 1912 Olympic Games, and not until 1924 under the Indian Citizenship Act, Native Americans were not recognized as citizens of the United States;

Whereas Native Americans were not granted the right to vote in every State until 1957;

Whereas Jim Thorpe was a founding father of professional football, playing with the Canton Bulldogs, which was the team recognized as world champion in 1916, 1917, and 1919, the Cleveland Indians, the Oorang Indians, the Rock Island Independent, the New York Giants, and the Chicago Cardinals;

Whereas, in 1920, Jim Thorpe was named the first president of the American Profes-

sional Football Association, now known as the National Football League;

Whereas Jim Thorpe was voted America's Greatest All-Around Male Athlete and chosen as the greatest football player of the half-century in 1950 by an Associated Press poll of sportswriters;

Whereas Jim Thorpe was named the Greatest American Football Player in history in a 1977 national poll conducted by Sport Magazine;

Whereas because of his outstanding athletic achievements, Jim Thorpe was the first Native American inducted into the National Track and Field Hall of Fame, the Professional Football Hall of Fame, the Helms Professional Football Hall of Fame, the National Native American Hall of Fame, the Pennsylvania Hall of Fame, and the Oklahoma Hall of Fame;

Whereas the Amateur Athletic Union of 1973 restored the amateur status of Jim Thorpe for the years 1909 through 1912;

Whereas the International Olympic Committee returned duplicates of gold medals won by Jim Thorpe to his family in 1982, but did not list him as the sole gold medal winner for his achievements during the 1912 Olympic Games; and

Whereas the failure of the International Olympic Committee to update the records regarding Jim Thorpe disregards the unprecedented achievements of one of the best athletes in the history of the United States, the only athlete in Olympic history to win both the pentathlon and the decathlon during the same year, the first Native American athlete to win Olympic gold medals for the United States, and the contributions of the Sac and Fox Nation in the history of the United States: Now, therefore, be it

Resolved, That it is the sense of the Senate that the International Olympic Committee, through the president of the Committee, should officially recognize the unprecedented athletic achievements of Jim Thorpe as the sole gold medalist in the 1912 pentathlon and decathlon events and correct these inaccuracies in the official Olympic books.

SENATE RESOLUTION 172—DECLARING RACISM A PUBLIC HEALTH CRISIS

Mr. BROWN (for himself, Mr. BOOKER, Mr. PADILLA, Ms. DUCKWORTH, Mr. WARNOCK, Ms. HIRONO, Mr. MARKEY, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. KAINE, Mr. MERKLEY, Mr. CARDIN, Mr. MENENDEZ, Ms. KLOBUCHAR, Mr. WARNER, Mr. CASEY, Mr. BENNETT, Ms. WARREN, Ms. SMITH, Ms. STABENOW, Mr. WYDEN, Mr. CARPER, and Mrs. MURRAY) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 172

Whereas, since its founding, the United States has had a longstanding history and legacy of racism, mistreatment, and discrimination against African Americans, Latinos, Native Americans, and other people of color;

Whereas the United States ratified over 350 treaties with sovereign indigenous communities, has broken the promises made in such treaties, and has historically failed to carry out its trust responsibilities to Native Americans, including American Indians, Alaska Natives, and Native Hawaiians, as made evident by the chronic and pervasive underfunding of the Indian Health Service and Tribal, Urban Indian, and Native Hawaiian health care, the vast health and socio-

economic disparities faced by Native American people, and the inaccessibility of many Federal public health and social programs in Native American communities;

Whereas people of Mexican and Puerto Rican descent, who became Americans through conquest, were subject to, but never full members of the polity of the United States and experienced widespread discrimination in employment, housing, education, and health care;

Whereas the immoral paradox of slavery and freedom is an indelible wrong traced throughout the history of the United States, as African Americans lived under the oppressive institution of slavery from 1619 through 1865, endured the practices and laws of segregation during the Jim Crow Era, and continue to face the ramifications of systemic racism through unjust and discriminatory structures and policies;

Whereas, before the enactment of the Medicare program, the United States health care system was highly segregated, and, as late as the mid-1960s, hospitals, clinics, and doctors' offices throughout Northern and Southern States complied with Jim Crow laws and were completely segregated by race—leaving Black communities with little to no access to health care services;

Whereas, between 1956 and 1967, the National Association for the Advancement of Colored People (NAACP) Legal Defense and Education Fund litigated a series of court cases to eliminate discrimination in hospitals and professional associations;

Whereas the landmark case *Simkins v. Moses H. Cone Memorial Hospital*, 323 F.2d 959 (1963), challenged the Federal Government's use of public funds to expand, support, and sustain segregated hospital care, and provided justification for title VI of the 1964 Civil Rights Act and the Medicare hospital certification program—establishing Medicare hospital racial integration guidelines that applied to every hospital that participated in the Federal program;

Whereas, in 1967, President Lyndon B. Johnson established the National Advisory Commission on Civil Disorders, which concluded that White racism is responsible for the pervasive discrimination and segregation in employment, education, and housing, resulting in deepened racial division and continued exclusion of Black communities from the benefits of economic progress;

Whereas language minorities, including Latinos, Asian Americans, and Pacific Islanders, were not assured non-discriminatory access to federally funded services, including health services, until the signing of Executive Order 13166 (42 U.S.C. 2000d-1 note; relating to improving access to services for persons with limited English proficiency) in 2000;

Whereas the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119)—

(1) included provisions to expand the Medicaid program and—for the first time in the United States—established a Federal prohibition against discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs, building on other Federal civil rights laws; and

(2) required reporting to Congress on health disparities based on race, color, national origin, sex, age, or disability;

Whereas several Federal programs have been established to address some, but not all, of the health outcomes that are disproportionately experienced by communities of color, including sickle cell disease, tuberculosis, infant mortality, and HIV/AIDS;

Whereas the National Center for Chronic Disease Prevention and Health Promotion works to raise awareness of health disparities faced by minority populations in the

United States, including Native Americans, Asian Americans, Black Americans, and Latino Americans, aiming to reduce risk factors for groups affected by such health disparities;

Whereas the United States health care system and other economic and social structures remain fraught with racism and racial, ethnic, sex (including sexual orientation and gender identity), and class biases that lead to health inequity and health disparities;

Whereas life expectancy rates for Black and Native American people in the United States are significantly lower than those of White people in the United States;

Whereas disparities in health outcomes are exacerbated for LGBTQIA+ people of color;

Whereas disparities in health outcomes are worsened for people of color with disabilities due to bias and inequitable access to health care;

Whereas several States with higher percentages of Black, Latino, and Native American populations have not expanded their Medicaid programs—continuing to disenfranchise minority communities from access to health care to this day;

Whereas 16 States have failed to take advantage of the Federal option to expand access to Medicaid and the Children's Health Insurance Program to lawfully residing immigrant children within the first 5 years of lawful status, and 26 States have failed to do so for similarly situated pregnant women;

Whereas, between 2016 and 2018, the child uninsured rate increased from 4.7 percent to 5.5 percent and the Latino child uninsured rate increased from 7.7 percent to 8.1 percent, and children of color are far more likely to be uninsured than White children;

Whereas a climate of fear and confusion for immigrant families due to the public charge rule discourages such families from enrolling eligible children in Medicaid and the Children's Health Insurance Program;

Whereas Pacific Islanders from the Freely Associated States experience unique health disparities resulting from United States nuclear weapons tests on their home islands, but such people have been categorically denied access to Medicaid and other Federal health benefits;

Whereas the United States has historically facilitated outsider status toward Asian Americans and Pacific Islanders, such as the authorization of the internment of Japanese Americans during World War II, which resulted in profound economic, social, and psychological burdens for the people impacted;

Whereas the history and persistence of racist and non-scientific medical beliefs are associated with ongoing racial disparities in treatment and health outcomes;

Whereas implicit racial and ethnic biases within the health care system have an impact on the quality of care experienced by communities of color, such as the undertreatment of pain in Black patients;

Whereas the historical context of unethical practices and abuses experienced by Black patients and research participants, such as the Tuskegee Syphilis Study, serve as symbols of the Black community's mistrust of the medical system;

Whereas women of color continue to face attacks, documented throughout history, on their prenatal, maternal, and reproductive health and rights;

Whereas enslaved Black women were forced to endure egregiously unethical and cruel treatment, as subjects of insidious medical experiments, to advance modern gynecology;

Whereas, through the late 1960s and early 1980s, physicians routinely sterilized people of color, performing excessive and medically unnecessary procedures on patients of color without their informed consent;

Whereas Black and Native American women are 2 to 4 times more likely than White women to suffer severe maternal morbidity or die of pregnancy-related complications, and implicit racial biases and lower quality care are contributing factors to the health care disparities that lead to these outcomes;

Whereas Black and Native American infants are twice as likely to die as White infants, and the Black infant mortality rate in the United States is higher than in 97 countries worldwide;

Whereas researchers have developed the analytical framework of "weathering" to describe how the constant stress of racism leads to poor health outcomes for Black Americans;

Whereas the daily experience of racism is associated with stress, depression, and anxiety, and may cause physiological reactivity or contribute to chronic health conditions;

Whereas racism is linked to mental health challenges for children and adolescents;

Whereas children of color are overrepresented in the United States child welfare system, and up to 80 percent of children in foster care enter State custody with significant mental health challenges;

Whereas disparities in educational access and attainment, along with racism experienced in the educational setting, affect the trajectory of academic achievement for children and adolescents, and ultimately impact health and racial inequities in school discipline, which has long-term consequences for children;

Whereas racism and segregation in the United States contribute to poor health outcomes by segregating Black, Latino, and Native American communities from opportunity;

Whereas, for decades, discriminatory housing practices, such as redlining, systemically excluded people of color from housing, robbing them of capital in the form of low-cost, stable mortgages and opportunities to build wealth, and the Federal government used its financial power to segregate renters in newly built public housing;

Whereas environmental injustices, such as proximity and exposure to toxic waste or hazardous air pollutants, continue to harm the health of communities of color, low-income communities, and Indigenous communities around the United States;

Whereas social inequities such as differing access to quality health care, healthy food and safe drinking water, safe neighborhoods, education, job security, and reliable transportation affect health risks and outcomes;

Whereas, during the COVID-19 pandemic, the effects of racism and discrimination are seen in COVID-19 infection, hospitalization, and mortality rates—disproportionately high among Black, Latino, and Native American populations compared to the overall population—exacerbating health disparities and highlighting barriers to care for Black, Latino, and Native American patients across the United States;

Whereas discrimination and harassment relating to the COVID-19 pandemic is on the rise, particularly discrimination and harassment directed towards the Asian American and Pacific Islander (AAPI) community;

Whereas, because of racial and ethnic disparities, people of color are more likely to have pre-existing, preventable, and chronic conditions, which lead to higher COVID-19 morbidity and mortality rates;

Whereas people of color are overrepresented in the number of people in the United States living under poor air quality conditions, which can increase the likelihood of COVID-19 morbidity and mortality;

Whereas the COVID-19 pandemic has worsened barriers for Black, Latino, and Native

American households that suffer from disproportionately higher rates of food insecurity;

Whereas Black and Latino workers make up a disproportionate number of frontline workers, are less likely to receive paid sick leave or have the ability to work from home, and have been excluded from many forms of relief readily available to other groups;

Whereas people of color are disproportionately impacted by the criminal justice and immigration enforcement systems and face a higher risk of contracting COVID-19 within prison populations and detention centers due to the over-incarceration of people of color;

Whereas, during the COVID-19 pandemic, an increased use of anti-Asian rhetoric has resulted in Asian Americans being harassed, assaulted, and scapegoated for the pandemic;

Whereas communities of color continue to bear the burdens of inequitable social, economic, and criminal justice policies, practices, and investments that cause deep disparities, hurt, harm, danger, and mistrust;

Whereas over 40 percent of Latinos report being discriminated against or harassed because they are Hispanic;

Whereas approximately 24 percent of the Latino population in the United States identifies as "Afro-Latino" and is thus potentially subject to both race and national origin discrimination;

Whereas, because of racism, Black people in the United States share a unique set of challenges and experiences that require heightened levels of awareness and risk while performing everyday tasks—such as jogging in neighborhoods, driving while Black, or playing in a park—that are not experienced by other populations;

Whereas Black people in the United States are 3 times more likely to be killed by police than White people in the United States, and police violence is the 6th leading cause of death for young Black men;

Whereas the police brutality and violence experienced by Black people in the United States adversely impacts mental health among Black communities;

Whereas Black communities led the United States in mourning the killings of Ahmaud Arbery, Breonna Taylor, George Floyd, Elijah McClain, and countless other Black Americans—calling for justice and long-term changes to dismantle systems of oppression;

Whereas, throughout the history of the United States, people of color have been at the forefront of civil rights movements for essential freedoms, human rights, and equal protection for marginalized groups and continue to fight for racial and economic justice today;

Whereas a public health issue is defined as meeting the following 4 criteria:

(1) The condition affects many people, is seen as a threat to the public, and is continuing to increase.

(2) The condition is distributed unfairly.

(3) Preventive measures could reduce the effects of the condition.

(4) Those preventive measures are not yet in place;

Whereas racism meets the criteria of a public health crisis, and public health experts agree;

Whereas the Centers for Disease Control and Prevention—

(1) declared racism a serious threat to public health; and

(2) acknowledged the need for additional research and investments to address this serious issue;

Whereas a Federal public health crisis declaration defines racism as a pervasive health issue and alerts the people of the United States to the need to enact immediate and

effective cross-governmental efforts to address the root causes of institutional racism and their downstream impacts; and

Whereas such declaration requires the response of the Government to engage significant resources to empower those communities that are impacted: Now, therefore, be it

Resolved, That the Senate—

(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the United States declaring racism a public health crisis;

(2) declares racism a public health crisis in the United States;

(3) commits to—

(A) establishing a nationwide strategy to address health disparities and inequity across all sectors in society;

(B) dismantling systemic practices and policies that perpetuate racism;

(C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color; and

(D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native American people in the United States, and other people of color; and

(4) places a charge on the people of the United States to move forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness.

**SENATE RESOLUTION 173—COM-
MENDING THE ACTIONS OF
CUBAN DEMOCRACY AND HUMAN
RIGHTS ACTIVIST JOSÉ DANIEL
FERRER GARCÍA AND THE PRO-
DEMOCRACY AND HUMAN
RIGHTS GROUP, THE PATRIOTIC
UNION OF CUBA (UNPACU), TO
UPHOLD FUNDAMENTAL FREE-
DOMS IN CUBA AND CON-
DEMNING CUBA'S BRUTAL AU-
THORITARIAN COMMUNIST RE-
GIME**

Mr. SCOTT of Florida (for himself, Mr. CRUZ, and Mr. RUBIO) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 173

Whereas José Daniel Ferrer García is a Cuban democracy and human rights activist who has worked tirelessly to ensure fundamental freedoms for the Cuban people;

Whereas José Daniel Ferrer García was born in Cuba on July 29, 1970, in Santiago de Cuba and has spent most of his adult life fighting for Cubans to have a voice in the matters of their own country and against Cuba's brutal authoritarian Communist dictatorship;

Whereas Cuba's authoritarian Communist regime retaliated against José Daniel Ferrer García over decades by repeatedly imprisoning, beating, and torturing him and constantly threatening and harassing his family and members of the pro-democracy and human rights group that he founded, the Patriotic Union of Cuba (UNPACU);

Whereas, in March 2021, Cuba's brutal authoritarian Communist regime committed the latest human rights violation against José Daniel Ferrer García and members of UNPACU, as Cuban security forces harassed

them, kept them from meeting, and blocked their attempts to distribute aid, food, and medical care to fellow desperate residents of Santiago de Cuba;

Whereas, on March 20, 2021, José Daniel Ferrer García and other courageous members of UNPACU began a hunger strike to protest the constant harassment, human rights violations, and the police siege of the headquarters of UNPACU in Santiago de Cuba;

Whereas the hunger strike underscored the importance of defending the right of the members of UNPACU to deliver food and medication to a group of approximately 250 residents of Santiago de Cuba as the need for aid, food, medicine, and basic necessities has risen during the global pandemic; and

Whereas, on April 10, 2021, José Daniel Ferrer García and several activists from UNPACU ended the hunger strike after 21 days after Cuban security forces lifted the police siege on the headquarters of UNPACU in Santiago de Cuba: Now, therefore, be it

Resolved, That the Senate—

(1) commends the actions of José Daniel Ferrer García and his unyielding resolve to advance democracy and defend freedoms and human rights for the Cuban people;

(2) honors the vital contribution and humanitarian efforts of the Patriotic Union of Cuba (UNPACU) and all of its members for their tireless work to defend fundamental freedoms and human rights in Cuba;

(3) condemns the repression of José Daniel Ferrer García and other brave Cuban activists;

(4) condemns Cuba's brutal authoritarian Communist dictatorship and demands an end to the suffering of the Cuban people and the impunity of the regime's human rights abusers, including Miguel Diaz-Canel and Raúl Castro;

(5) calls for the international community to stand with the Cuban people and against Cuba's authoritarian Communist regime for infringing on the freedom of thought, expression, assembly, association, and prosperity of the Cuban people; and

(6) commends the courage of the pro-democracy movement and activists in Cuba for risking everything to bring freedom to the Cuban people.

**SENATE RESOLUTION 174—DESIG-
NATING APRIL 2021 AS "PARKIN-
SON'S AWARENESS MONTH"**

Ms. STABENOW (for herself and Mr. THUNE) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 174

Whereas Parkinson's disease is a chronic, progressive neurological disease and the second most common neurodegenerative disease in the United States;

Whereas, although there is inadequate data on the incidence and prevalence of Parkinson's disease, the disease is estimated to affect between 500,000 and 1,000,000 individuals in the United States, with that number expected to more than double by 2040;

Whereas, according to the Centers for Disease Control and Prevention, Parkinson's disease is the 15th leading cause of death in the United States;

Whereas millions of individuals in the United States are greatly impacted by Parkinson's disease, including the caregivers, family members, and friends of individuals living with Parkinson's disease;

Whereas research suggests that the cause of Parkinson's disease is a combination of genetic and environmental factors, but the exact cause of the disease in most individuals is still unknown;

Whereas, as of March 2021, there is no objective test or biomarker with which to diagnose Parkinson's disease;

Whereas there is no known cure or drug to slow or halt the progression of Parkinson's disease, and available treatments are limited in their ability to address the medical needs of patients and remain effective over time;

Whereas the symptoms of Parkinson's disease vary from person to person and may include—

(1) tremors;

(2) slowness of movement and rigidity;

(3) problems with gait and balance;

(4) disturbances in speech and swallowing;

(5) cognitive impairment and dementia;

(6) mood disorders; and

(7) a variety of other nonmotor symptoms;

Whereas volunteers, researchers, caregivers, and medical professionals are working to improve the quality of life of—

(1) individuals living with Parkinson's disease; and

(2) the families of those individuals; and

Whereas increased research, education, and community support services are needed—

(1) to find more effective treatments; and

(2) to provide access to quality care to individuals living with Parkinson's disease: Now, therefore, be it

Resolved, That the Senate—

(1) designates April 2021 as "Parkinson's Awareness Month";

(2) supports the goals and ideals of Parkinson's Awareness Month;

(3) continues to support research to find better treatments and a cure for Parkinson's disease;

(4) recognizes the individuals living with Parkinson's disease who participate in vital clinical trials to advance the knowledge of the disease; and

(5) commends the dedication of the organizations, volunteers, researchers, and millions of individuals across the United States who are working to improve the quality of life of—

(A) individuals living with Parkinson's disease; and

(B) the families of those individuals.

**SENATE RESOLUTION 175—SUP-
PORTING THE GOALS AND
IDEALS OF NATIONAL PUBLIC
HEALTH WEEK**

Mr. LUJÁN submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 175

Whereas the week of April 5, 2021, is National Public Health Week;

Whereas the theme for National Public Health Week in 2021 is "Building Bridges to Better Health";

Whereas the goal of National Public Health Week in 2021 is to recognize the contributions of public health in—

(1) improving the health of the people of the United States; and

(2) achieving health equity;

Whereas, as of the date of introduction of this resolution, the United States and the global community are responding to the COVID-19 pandemic, which requires support for—

(1) a robust public health infrastructure and workforce;

(2) State, territorial, local, and Tribal health departments, health care workers, public health laboratories, and first responders;

(3) diagnostic testing of new and potential COVID-19 cases and activities related to epidemiology and public health data;